

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0050717

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

7025

FILED JAN 17 1964

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KANSAS CITY

Length of stay in 1b

1 DAY

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. JOSEPH Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY OR TOWN

RAYTOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

8125 Willow Way

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First ANN

Middle LORRAINE

Last BOCK

4. DATE OF DEATH

Month December Day 27 Year 1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-21-1923

9. AGE (last birthday)

40

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

DOMESTIC

11. BIRTHPLACE (City and state or country)

HARRISON, ARKANSAS

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

BERT YOUNG

13b. MOTHER'S MAIDEN NAME

MATTIE EOFF

14. NAME OF HUSBAND (If wife)

FORREST J. BOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

—

17. INFORMANT

FORREST J. BOCK 8125 Willow Way

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Unknown

DUE TO (b)

Carcinoma of cervix

3 yrs

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1961 to 1963

and last saw her alive on

Dec 27, 1963

21a. Death occurred at

7:20 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

1103 Grand Ave K.C. 6, Mo.

22c. DATE SIGNED

(State)

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

DEC. 31, 1963

23c. NAME OF CEMETERY OR CREMATORY

MAPLEWOOD CEMETERY

23d. LOCATION (City, town, or county)

HARRISON

ARKANSAS

24. FUNERAL DIRECTOR

D.W. McCOMBS, Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

12-30-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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Rev. 4/59

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For Johnson, Chickadee
Prof. Bell H417243. 1 P.M.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Robert G. Taylor

Licensed Embalmer No.

4892

P. O. Address

Denver, Pa., 190

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.